

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

Alias _____

PROBATE COURT OF THE

No. _____

Date

CUSTODIANSHIP

Resident deceased died: _____

Date of Death

Real and Personal estate estimated at: \$_____.

Name of Petitioner

Relationship to the Deceased

Name of Deceased

No. Street

No. Street

City/Town State Zip Phone Number

City/Town State Zip Phone Number

Petitioner respectfully requests that:

Name of Nominee

Relationship to Respondent

Name of Co-Nominee (if any)

Relationship to Respondent

No. Street

No. Street

City/Town State Zip Phone Number

City/Town State Zip Phone Number

may be appointed CUSTODIAN.

Attach form PC—9.1, Waiver, if applicable.*The undersigned petitioner makes affidavit and says that the above facts are true as to the best of his/her knowledge and belief.*

Signature of petitioner

Date

_____ Sc.

Subscribed and sworn to before me as to the truth of all of the above facts by the petitioner.

Notary public (please print name)

Notary public signature

DECREE

Upon hearing, it is hereby ordered and decreed:

Appointed CUSTODIAN(s):

Name of Appointed Custodian		Relationship to Respondent		Name of Appointed Co-Custodian (if any)		Relationship to Respondent	
No.		Street		No.		Street	
City/Town		State		Zip		Phone Number	

Bond fixed at: \$

[] With surety

[] Without surety

Appointed APPRAISER(s): (if different from above)

Name		Name					
No.		Street					
City/Town		State		Zip		Phone Number	

Entered as an order and decree of the court on:

Date	Probate Judge
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